PTO/SB/50 (02-01)
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:		Attomey Docket No.			S01022.81084			
Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		First Named Inventor or Application Identifier			Jean NICOLAI et al.			
		Original Patent Number			5	5,986,417 ທ່		
		Original Patent Issue Date (Month/Day/Year)				November 16, 1999		
		Express Mail Label No.			EV 292 548 480 US			
APPLICATION FOR REISSUE OF: [X] Utility Paten				[ ] Desig	ın F	Patent [ ] Plant Patent		
APPLICATION ELEMENTS (37CFR 1.173)			ACCOMPANYING APPLICATION PARTS					
1.□	Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		<ul> <li>10.□ Statement of status and support for all changes to the claims. See 37 CFR 1.173(c)</li> <li>11.□ Original U.S. Patent for surrender <ul> <li>a. □ Ribboned Original Patent Grant</li> <li>b. □ Statement of Loss (PTO/SB/55)</li> </ul> </li> <li>12.□ Foreign Priority Claim (35 U.S.C. 119) <ul> <li>(if applicable)</li> </ul> </li> </ul>					
2.□	Applicant claims small entity status. See 37 CFR 1.27.							
3.[X]	Specification and Claims in double coloropy of patent format (amended, if appropriate)	umn						
4.[X]	Drawing(s) (proposed amendments, if appropriate)	roposed amendments, if		13. [X] Information Disclosure Statement (IDS)/PTO- 1449				
5.□	Reissue Oath/Declaration (original or copy) (37 C.F.R. §1.175) (PTO/SB/51 or 52)		[X] Copies of IDS Citations					
6.□	Power Of Attorney				<ul><li>English Translation of Reissue Oath/Declaration (if applicable)</li></ul>			
7. Original U.S. Patent currently assigned ☐ Yes ☐ No (If Yes, check applicable box(es)) ☐ Written Consent of all Assignees (PTO/SB/53)			15. [X]		-	ry Amendment eceipt Postcard (MPEP 503)		
8. 🗆	7 C.F.R. §3.73(b) Statement (PTO/SB/9) CD-ROM or CD-R in duplicate, Complete Program (Appendix) or larger table		16. [X]			specifically itemized)		
(if ar a.	cleotide and/or Amino Acid Sequence Supplicable, all of the following are necessary Computer Readable Form (CFR) Specification Sequence Listing on: i. □ CD-ROM (2 copies) or CD-copies); or ii. □ paper Statements verifying identity of above	ary) R (2						

18. CORRESPONDENCE ADDRESS							
Correspondence address below							
CUSTOMER NUMBER:	23628						
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
NAME	James H. Morris, Reg. No. 34,681						
SIGNATURE	2 Amos						
DATE	August 25, 2003						